

ULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-6917700  
APPLICANT'S SIGNATURE

15 OCT 2000

CLAIMS	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	/	/			51					
2	/	/			52					
3	/	/			53					
4	3	/			54					
5	/	/			55					
6	/	/			56					
7	(1)	/			57					
8	(1)	/			58					
9	(1)	/			59					
10	(1)	/			60					
11	(1)	/			61					
12	(1)	/			62					
13	/	/			63					
14	(1)	/			64					
15					65					
16					66					
17					67					
18					68					
19					69					
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38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	/				TOTAL IND.					
TOTAL DEP.	15				TOTAL DEP.					
TOTAL CLAIMS	16				TOTAL CLAIMS					